Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself

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ABSTRACT This research examined self-compassion and self-esteem as they relate to various aspects of psychological functioning. Self-compassion entails treating oneself with kindness, recognizing one's shared humanity, and being mindful when considering negative aspects of oneself. Study 1 ($N = 2{,}187$) compared self-compassion and global self-esteem as they relate to ego-focused reactivity. It was found that self-compassion predicted more stable feelings of self-worth than self-esteem and was less contingent on particular outcomes. Self-compassion also had a stronger negative association with social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure. Self-esteem (but not self-compassion) was positively associated with narcissism. Study 2 ($N = 165$) compared global self-esteem and self-compassion with regard to positive mood states. It was found that the two constructs were statistically equivalent predictors of happiness, optimism, and positive affect. Results from these two studies suggest that self-compassion may be a useful alternative to global self-esteem when considering what constitutes a healthy self-stance.

The current studies examine psychological functioning as it relates to two distinct ways of thinking and feeling about oneself—self-esteem and self-compassion. Before describing the goals of the current studies, background on the constructs of self-esteem and self-compassion is provided.

Global Self-Esteem

Over the years psychologists have offered many different definitions of self-esteem (Swann, Chang-Schneider, & McClarty, 2007) and

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Journal of Personality 77:1, February 2009

DOI: 10.1111/j.1467-6494.2008.00537.x

described its various subtypes such as domain specific self-esteem (Harter, 1999), contingent self-esteem (Crocker, Luhtanen, Cooper, & Bouvrette, 2003), stable self-esteem (Kernis, 2005), and so on. Still, the idea that people have an overall feeling of self-worth that influences psychological functioning remains influential (Tafarodi & Swann, 1995). Current understandings of global self-esteem are largely consistent with early formulations proposed by William James (1890/1983), who defined self-esteem as the degree to which the self is judged to be competent in life domains deemed important, and Charles Horton Cooley (1902/1964), who argued that self-esteem stems not only from self-evaluations but also the perceived evaluations of others. For decades, global self-esteem was seen to be practically equivalent to mental health (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). Part of self-esteem's appeal is its link to positive states such as happiness and optimism (Lucas, Diener, & Suh, 1996; Lyubomirsky, Tkach, & DiMatteo, 2006), as well as its negative link to dysfunctional states such as depression and anxiety (Harter, 1990). High self-esteem is not held in such esteem these days, however. Based on a review of the extant literature, Baumeister, Campbell, Krueger, and Vohs (2003) conclude that global self-esteem enhances persistence, adventurous behavior, and willingness to experiment but has few additional benefits (and it is unclear if self-esteem is the cause or effect of these states).

Moreover, people sometimes engage in dysfunctional behaviors in order to pursue a sense of high self-esteem (for reviews, see Blaine & Crocker, 1993; Crocker & Park, 2004). People wanting to maintain high self-esteem may dismiss negative feedback as unreliable or biased, trivializing failures or attributing them to external causes. As a consequence, they may take less personal responsibility for harmful actions and develop an inaccurate self-concept, hindering growth and change (Sedikides, 1993). They may become angry and aggressive toward those who threaten their ego (Baumeister, Smart, & Boden, 1996; Twenge & Campbell, 2003) or engage in downward social comparisons, a process that underlies prejudice and discrimination (Fein & Spencer, 1997). The motivation to protect feelings of self-worth can also lead to a rigid, closed mind-set that cannot tolerate alternative viewpoints known as "need for cognitive closure" (Jost, Glaser, Kruglanski, & Sulloway, 2003; Taris, 2000). The downside of the desire for self-esteem is perhaps best illustrated by narcissists (Morf & Rhodewalt, 2001), whose inflated ego is easily pricked and whose insatiable need

for social approval often leads to relationship problems (Campbell & Baumeister, 2001).

Because global self-esteem rests in part on evaluations of self-worth in various life domains, self-esteem may be contingent on particular outcomes (Crocker et al., 2003) so that even high self-esteem can fluctuate. Self-esteem stability refers to day-to-day changes in feelings of self-worth, as opposed to trait levels of global self-worth, which tend to remain relatively constant over time (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000). Research (Kernis, 2005) suggests that individuals with unstable self-esteem are highly focused on the implications of negative events for self-worth, making them more vulnerable to depression and reduced self-concept clarity. Of course, high self-esteem is not always unstable, contingent, narcissistic, or ego-defensive—healthy and secure forms of high self-esteem exist as well (Jordan, Spencer, Zanna, Hoshino-Browne & Correll, 2003). Deci and Ryan (1995) have proposed that some people possess "true self-esteem," a self-determined and autonomous way of evaluating oneself that is not dependent on particular outcomes or social approval. Similarly, Kernis (2003) has proposed the concept of "optimal self-esteem," which is founded on stable and noncontingent self-evaluations. What is unclear, however, is *why* certain individuals possess a sense of global self-esteem that is noncontingent and that remains stable even in the face of failure or social disapproval. We would argue that in order to understand this issue it is of limited use to stay within the theoretical realm of self-esteem itself.

Self-Compassion

Neff (2003a, 2003b) has proposed that self-compassion is an alternative way to conceptualize having a healthy stance toward oneself that does not involve evaluations of self-worth. Drawing upon ideas discussed in the Insight tradition of Buddhism (e.g., Brach, 2003; Kornfield, 1993; Salzberg, 1997), self-compassion is defined in terms of three main components: self-kindness, a sense of common humanity, and mindfulness when considering personal weakness or hardships (see Neff, 2003a, 2003b, for a more complete discussion of the theoretical underpinnings of self-compassion). Research on self-compassion is part of a larger movement by Western psychologists to investigate the validity of Buddhist ideas

concerning the causes and amelioration of suffering and to examine the usefulness of techniques such as mindfulness for adaptive functioning (see Wallace & Shapiro, 2006, for review).

Although people typically value being kind and compassionate to others, they are often harsh and uncaring toward themselves. The intense self-focus that occurs when people confront their own limitations can sometimes lead to a type of tunnel vision in which people become overidentified with and carried away by negative thoughts and feelings about themselves. Feelings of isolation can also occur when people temporarily forget that failure and imperfection are part of the shared human experience, serving to amplify and exacerbate suffering. Self-compassion, on the other hand, involves being kind toward oneself when considering weaknesses, remembering that being human means being flawed and imperfect, and learning from one's mistakes. Self-compassion also involves taking a mindful approach to negative thoughts and emotions that acknowledges the reality of personal failings while keeping them in balanced perspective. Mindfulness shifts one's attention away from elaborative cognitive processing—especially those thoughts creating stories about the self (Martin, 1997)—toward the nonjudgmental acceptance of present-moment experience (Bishop et al., 2004). Thus, self-compassion tends to soften rather than reinforce ego-protective boundaries between self and others. (For an alternative conceptualization of self-compassion, see Gilbert & Irons, 2005 or Gilbert & Procter, 2006.)

A growing body of research suggests that self-compassion is associated with psychological health. Higher levels of self-compassion have been associated with greater life satisfaction, emotional intelligence, social connectedness, and mastery goals, as well as less self-criticism, depression, anxiety, rumination, thought suppression, perfectionism, performance goals, and disordered eating behaviors (Adams & Leary, 2007; Neff, 2003a; Neff, Hseih, & Dejitthirat, 2005; Neff, Kirkpatrick, & Rude, 2007). Neff, Rude, and Kirkpatrick (2007) found that self-compassion was associated with increased levels of reflective and affective wisdom, personal initiative, curiosity and exploration, happiness, optimism, and positive affect. They also found that self-compassion was significantly associated with extraversion, agreeableness, conscientiousness, and neuroticism (negatively), though self-compassion still predicted unique variance in positive functioning after controlling for personality variables.

Although less is known about the source of individual variation in self-compassion levels, it is likely that some variance is explained by innate differences in neuroticism or the tendency to ruminate (Neff, 2003a; Neff, Rude, et al., 2007). Environmental factors are also likely to play a key role. Preliminary evidence among adolescents suggests that self-compassion is related to maternal criticism and other family messages given to youths, as well as to attachment schemas (Neff, 2008). In addition, there is some evidence that culture provides messages regarding the value of self-compassion versus self-criticism and that individual variation in self-compassion may be in part due to the tendency to accept or reject dominant cultural messages (Neff, Pisitsungkagarn, & Hseih, 2008).

Although self-compassion is similar to global self-esteem in that it entails experiencing positive rather than negative emotions toward the self, there are important ways that the two constructs differ. For one, self-esteem rests on positive evaluations of the self (in line with James's and Cooley's definitions), and therefore operates largely at the level of representational self-concept (Harter, 1999). Self-compassion, on the other hand, is *not* a particular type of self-evaluation or cognitive representation of the self. Rather, it is a type of open-hearted awareness that can embrace all aspects of personal experience. For this reason, self-compassionate individuals should have less need to enhance or defend their egos than those motivated by self-esteem maintenance, given that feelings of inadequacy are met with acceptance rather than evaluation and judgment. Also, self-esteem is often predicated on the feeling of being special, on standing out in a crowd. Most people—especially in American culture—would feel that being called "average" was an insult. In contrast, self-compassion is predicated on the acknowledgment of shared and universal aspects of life experience and therefore tends to highlight similarities rather than differences with others. Also, whereas self-esteem is often contingent on the successful attainment of goals, self-compassion is felt precisely when life is not going so well, allowing for greater resilience and stability regardless of particular outcomes.

Gilbert and Irons (2005) suggest that self-compassion enhances well-being because it helps people feel a greater sense of relatedness and security. Drawing on social mentality theory—a model based on principles of evolutionary biology, neurobiology, and attachment

theory (Gilbert, 1989)—they propose that self-compassion deactivates the threat system (associated with feelings of insecurity, defensiveness, and the limbic system) and activates the self-soothing system (associated with feelings of secure attachment, safeness, and the oxytocin-opiate system). In contrast, self-esteem is thought to represent an evaluation of superiority/inferiority that helps to establish social rank stability and is related to alerting, energizing impulses and dopamine activation. Put another way, self-compassion appears to be related to caring and communion, whereas self-esteem is related to competition and agency (Helgeson & Fritz, 1999). In support of this proposition, Neff (2006) has found that self-compassion is more predictive of positive relationship behavior than global self-esteem in terms of being caring, intimate, supportive, and nonaggressive with romantic relationship partners (as reported by the partners). The same study also found that self-compassion is significantly correlated with attachment security.

A recent series of studies by Leary, Tate, Adams, Allen, and Hancock (2007) investigated the processes by which self-compassionate people deal with unpleasant life events. A variety of research methodologies were employed, including experience sampling, reactions to interpersonal feedback, ratings of videotaped performances in an awkward situation, reflections on real-life negative personal experiences, and mood inductions. Self-compassionate people demonstrated more emotional resilience (e.g, more adaptive responses to daily difficulties) and greater self-concept accuracy (in terms or rating their own performances) than those low in self-compassion. Several of the studies directly compared self-compassion and self-esteem and found that self-compassion was associated with fewer negative emotional reactions when participants encountered potentially humiliating situations, received unflattering interpersonal feedback, or remembered past negative life events. At the same time, self-compassion was more strongly associated with taking personal responsibility for one's role in negative events than was self-esteem.

Other research conducted by Neff (2003a) has shown that although global self-esteem and self-compassion are moderately correlated, self-compassion predicts unique variance in depression and anxiety when controlling for global self-esteem levels. Unlike global self-esteem, moreover, self-compassion is not significantly

associated with narcissism. One study by Neff, Kirkpatrick, et al. (2007) found that self-compassion was associated with reduced anxiety after a task requiring individuals to consider their greatest weakness but that self-esteem did not provide such a buffer.

Given that self-compassion and self-esteem both tap into positive feelings about the self, we felt it was important to further investigate how these two constructs differ. While prior research has compared self-compassion and self-esteem in terms of emotional resilience, little research has examined whether or not self-compassion is associated with less ego-related reactivity than is global self-esteem. As has been found previously (Leary et al., 2007; Neff, 2003a), we expected self-compassion and global self-esteem to be significantly correlated, given that individuals high in self-compassion are also likely to have a positive sense of self-worth. We therefore examined the operation of the constructs when their shared variance was separated out.

Hypotheses

Our central hypothesis for this study was that self-compassion would be associated with a more stable and less reactive sense of self-worth than would global self-esteem. This is because evaluations of self-worth should be more vulnerable to ego threats than feelings of self-compassion and because high levels of global self-esteem may not provide a robust buffer against the maladaptive behaviors associated with self-esteem maintenance (Crocker & Park, 2004). The current study utilized a variety of constructs to examine ego reactivity. In comparison to self-esteem, we predicted that self-compassion would be associated with less fluctuation in feelings of self-worth over time and that self-compassion would have a stronger negative association with contingent self-worth than would self-esteem. This is because self-compassion is less dependent on social approval and particular external outcomes than is self-esteem. We also predicted that self-compassion would have a stronger negative association with social comparison and public self-consciousness than would self-esteem, given that self-esteem is based on evaluations by others to a greater extent than is self-compassion. Moreover, we predicted that self-compassion would have a stronger negative association with rumination on disliked aspects of the self than would global self-esteem because self-esteem is more likely to be

threatened when negative aspects of the self are considered. We hypothesized that self-esteem would have a stronger positive association with narcissism than would self-compassion, as self-esteem maintenance sometimes involves inflated self-views. It was also hypothesized that self-compassion would have a stronger negative association with anger than would self-esteem, given that the desire to maintain high self-esteem has been associated with ego-defensive anger. Finally, we expected that self-compassion would have a stronger negative association with the need for cognitive closure than would self-esteem because self-esteem maintenance may involve clinging to a sense of self-righteousness (McGregor & Marigold, 2003; McGregor & Jordan, in press).[1]

Our hypotheses were tested using data from a large community-based survey conducted by Vonk, Jolij, Stoeller, and Boog (2008) in the Netherlands. That research program was designed to examine internally versus externally derived self-worth and required participants to fill out a wide array of psychological measures over an 8-month period. Several of the measures included in the survey project were directly relevant to the goals of the current study.

STUDY 1

Method

Participants

Participants for the project were recruited by means of articles in newspapers and magazines (announcing a study on the "big questions of life"), brief advertisements (e.g., "time for self-reflection?"), and links with other Internet sites. As an inducement for taking part in the study, participants

1. Most of the outcome variables included in Study 1 have not been examined previously in relation to self-compassion, including self-worth stability, self-worth contingency, social comparison, public self-consciousness, anger, or need for cognitive closure. Although the general cognitive tendency to ruminate has been examined in prior research (Neff, 2003a; Neff, Kirkpatrick, et al., 2007) the more specific construct of self-rumination has not. The association between self-compassion, self-esteem, and narcissism has also been examined previously (Leary et al., 2007; Neff, 2003a), but we decided it was worth examining these links again in our Dutch sample to determine if findings could be replicated with non-Americans.

received a lottery ticket for every completed assessment with which they could win cash prizes from 25 to 50 euros.

In total, 4,202 people started the first series of questionnaires. Eight months later, the self-compassion test was administered as part of the 12th assessment. By this time, 2,187 participants were left. Characteristics of these participants were the same as of those that started the study. They were 26% men and 74% women, ranging in age from 18 to 83, with a mean age of 38.6 years. Most participants had professional college (44%) or university degrees (35%). The majority (62%) was working in paid employment or had their own business (9%).

Procedure

Data were collected over an 8-month period and included 12 separate data assessments. After completing some background questions, participants filled out the first series of questionnaires, T1. For subsequent assessments, participants automatically received an e-mail message reminding them that the next series of questionnaires was available. Each assessment consisted of five to eight different questionnaires that took 20 to 30 minutes to complete. Four months after the start of the study, 10 series of questionnaires had been administered. Another 3 months later an 11th questionnaire was administered, and 1 month after that the 12th questionnaire was given (T12), which included the self-compassion scale and also a measure of self-esteem.

Measures

All questionnaires were administered using 7-point response scales. Unless noted otherwise, the scales were translated from the English versions mentioned below. In some cases, some items were dropped or adapted because they were difficult to translate or were not applicable in The Netherlands (e.g., an aggression item about waiting to be served in a restaurant, which is rather common in The Netherlands; here we changed the waiting time from 15 to 30 minutes). The following measures relevant to our present purposes were administered.

Self-Compassion Scale (SCS) (Neff, 2003a), $\alpha = .92$, 24 items (T12): This scale assesses six different aspects of self-compassion (negative aspects are reverse coded): Self-Kindness (e.g., "I try to be understanding and patient toward aspects of my personality I don't like"), Self-Judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), Common Humanity (e.g., "I try to see my failings as part of the human condition"), Isolation (e.g., "When I think about my inadequacies it tends to make me feel more separate and cut off

from the rest of the world''), Mindfulness (e.g., ''When something painful happens I try to take a balanced view of the situation''), and Over-Identification (e.g., ''When I'm feeling down I tend to obsess and fixate on everything that's wrong.''). (Note that two items were dropped from the original 26 item scale due to translation difficulties.) Research (Neff, 2003a) indicates the SCS has an appropriate factor structure and that a single factor of ''self-compassion'' can explain the intercorrelations among the six facets. The scale also demonstrates concurrent validity (e.g., correlates with social connectedness), convergent validity (e.g., correlates with therapist ratings), discriminate validity (e.g., no correlation with social desirability), and test–retest reliability ($\alpha = .93$; Neff, 2003a; Neff, Kirkpatrick, et al., 2007).

Global Self-Esteem (Vonk et al., 2008), $\alpha = .92$, 10 items (T12): This measure was developed as a substitute for the Rosenberg measure, because participants had already completed that measure several times earlier in the project. The measure assesses general self-esteem using brief statements, for example, ''I have confidence in myself,'' ''I wish I were different'' (reverse coded). An independent study in which both this measure and the Rosenberg were assessed at the same time among 108 participants (Jongenelen & Vonk, 2007) shows that the correlation between the two measures is .86 and the factor structure of the two scales is one-dimensional (α overall = .93). Vonk's measure of self-esteem was employed in this study rather than Rosenberg's measure because it was administered at the same time as the self-compassion measure and so facilitated the direct comparison of self-compassion and self-esteem.

Self-esteem stability (Kernis, Cornell, Sun, Berry, & Harlow, 1993): This variable was calculated using the standard deviation of nine separate administrations of a state self-esteem measure (Heatherton & Polivy, 1991), $\alpha = .86$–$.89$. We selected 10 items from this scale (e.g., ''I feel concerned about the impression I am making'') and emphasized that participants were to indicate how they had felt in the past 2 weeks, rather than generally. State self-esteem was assessed at T1, 2, 3, 4, 7, 8, 10, 11, and 12. The standard deviation of scores was then calculated so that a larger score on this measure indicates more instability in state self-esteem.

Contingent Self-Esteem (Paradise & Kernis, 1999), $\alpha = .82$, 10 items (T4): This was a selection of items from the original English scale with 15 items. This measure of global self-esteem contingency includes items such as ''My overall feelings about myself are heavily influenced by how much other people like and accept me'' and ''Even in the face of failure, my feelings of self-worth remain unaffected'' (reverse coded). For specific domains of self-worth contingency, we used the scale by Crocker et al. (2003; see below).

Contingencies of self-worth (Crocker et al., 2003): Whereas Paradise and Kernis's (1999) measure of Contingent Self-Esteem assesses global contingency, this measure distinguishes domains of contingency on which people base their self-worth. In translating the scale, we grouped the items into three global domains: Social Approval (Family and Others, e.g., "I can't respect myself if others don't respect me"), $\alpha = .81$, five items; Appearance, $\alpha = .79$ (e.g., When I think I look attractive, I feel good about myself"), five items; and Performance (Competition and Academics, e.g., "My self-esteem is influenced by my academic performance" but we deleted "academic" in these items), $\alpha = .87$, five items (T12).

Social Comparison Orientation (Gibbons & Buunk, 1999), $\alpha = .82$, nine items (T9): This scale assesses a global tendency to compare oneself with others. We used the original Dutch scale excluding one item about students/college. An example of an item is "I always pay a lot of attention to how I do things compared with how others do things."

Public Self-Consciousness (Fenigstein, Scheier, & Buss, 1975), $\alpha = .76$, five items (T3): This is the public subscale of the Self-Consciousness scale, which includes both private and public self-consciousness. Public self-consciousness refers to being aware of oneself as a social object. An example of an item is "I'm usually aware of my appearance."

Self-Rumination (Trapnell & Campbell, 1999), $\alpha = .89$, eight items (T4): Trapnell and Campbell developed this scale in response to mixed results on (private) Self-Consciousness, arguing that there are positive and negative ways to be conscious of oneself, which they labeled self-reflection versus self-rumination. An example of an item is "I tend to 'ruminate' or dwell over things that happen to me for a really long time afterward."

Narcissism (Raskin & Hall, 1979), $\alpha = .86$, 16 items (T5): Because we only wanted to assess overall narcissism, and not each of the four subscales distinguished by Raskin and Hall, we selected four items from each of the subscales to reduce the total number of items. Examples are "I have a natural talent for influencing people" and "I will never be satisfied until I get all that I deserve."

Anger Response Inventory (Tangney et al., 1996), $\alpha = .82$, 18 items (T9): We selected 6 situations from 23 situations in the Aggression Response Inventory (e.g., "You are waiting in line for a movie, and someone cuts in front of you") and asessed three aggression items for each situation: (1) How angry would you be in this situation? (2) How much would you feel like getting back at him or her? and (3) How much would you feel like letting off steam? There were no effects of Situation, and alpha was computed across the 6×3 items.

Need for Cognitive Closure (Mannetti, Pierro, Kruglanski, Taris, & Bezinovic, 2002; Taris, 2000), $\alpha = .86$, 28 items (T9): The 28 we used were

Table 1
Zero-Order and Partial Correlations Between Self-Esteem, Self-Compassion, Age, Sex, and Income ($N = 2{,}187$)

	Zero-Order Correlations		Partial Correlations	
	Self-Esteem	Self-Compassion	Self-Esteem	Self-compassion
Self-compassion	.68*	—	.68*	—
Age	$.10^{*}{}_{a}$	$.24^{*}{}_{b}$	$-.11^{*}{}_{a}$	$.22^{*}{}_{b}$
Sex	$-.06_{a}$	$-.10^{*}{}_{b}$	$.04_{a}$	$-.07^{*}{}_{b}$
Income	.16*	.16*	$.10^{*}{}_{a}$	$-.01_{b}$

Note: Sex is coded 0 = males, 1 = females. Partial correlations controlled for all variables other than the two being correlated.
[ab]Different subscripts indicate that self-esteem and self-compassion differed significantly at $p < .001$, two-tailed.
*$p < .001$.

selected from the Dutch translation by Taris (2000) and include items such as "When I am confused about an important issue, I feel very upset" or "I dislike questions that could be answered in many different ways."

Results

Because of the large sample size in the current study, the significance level for all analyses was set at $p < .001$ to help avoid attributing too much significance to very small effects.[2] Our first set of analyses examined various links between self-esteem, self-compassion, age, sex, and income (see Table 1). In line with prior research findings (Leary et al., 2007; Neff, 2003a), both the zero-order and partial correlations between self-compassion and global self-esteem indicated a significant degree of overlap between the two constructs. Partial correlations indicated that self-esteem had a significant negative association with age and a significant positive association with income. In contrast, partial correlations indicated that

2. Also note that Vonk and colleagues used an experimental feedback manipulation for other research purposes when collecting this data. Experimental condition was not significantly associated with self-esteem or self-compassion levels at the time they were assessed for the current study: $F(2, 2184) = 1.46$, $p = .23$ and $F(2, 2184) = 2.11$, $p = .12$, respectively. Nonetheless, all analyses controlled for experimental condition to ensure that the manipulation did not impact results.

self-compassion displayed a significant positive association with age and a nonsignificant association with income. Both the zero-order and partial correlations also indicated a very small but significant association between self-compassion and sex that indicated that females had lower levels of self-compassion than males. This sex difference in self-compassion levels replicates previous research findings (Neff, 2003a).

Zero-order correlations for the main study variables of interest are presented in Table 2. In order to examine whether self-compassion is associated with mental health benefits over and above that attributable to self-esteem, we employed hierarchical regression analyses. (Diagnostics indicated that multicollinearity was not a concern, with tolerance values well within acceptable limits.) In the first step we entered age, sex, income, and self-esteem. In the second step we entered self-compassion. Partial correlations were also calculated to enable a direct comparison of self-esteem and self-compassion as they related to outcomes. Results are presented in Table 3.

Results support the hypothesis that self-compassion and self-esteem can be usefully distinguished and that self-compassion contributes unique variance to outcomes over and above that attributable to global self-esteem. Hierarchical regression analyses found that the change in R^2 after adding self-compassion to regression equations was significant for outcomes of self-esteem stability, global self-esteem contingency, specific areas of self-esteem contingency (social approval, performance, and appearance), social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure.

It was also found that self-compassion was a stronger negative predictor of these outcomes than global self-esteem (by comparing their partial correlations using two-tailed t tests). Thus, results support the hypothesis that self-compassion would have a stronger negative association with ego-focused reactivity than would global self-esteem. Findings also suggest that impact of global self-esteem on outcomes was much less significant than it would appear if self-compassion were not taken into account. Although self-esteem was a significant negative predictor of all outcomes in Step 1 of the regression equations, in Step 2 self-esteem became a nonsignificant predictor of self-esteem stability, general self-esteem contingency, self-esteem contingent on performance or appearance, anger, and need for cognitive closure after accounting for the contribution of self-compassion.

Table 2
Zero-Order Correlations Between Main Study Variables of Interest

Measures	SC	GSE	SEI	CSE	CSA	CA	CP	SCO	PSC	SR	N	A
Global Self-Esteem	.68*	—										
Self-Esteem Instability	−.32*	−.23*	—									
Contingent Self-Esteem	−.47*	−.35*	.30*	—								
Contingent SW/Social Approval	−.55*	−.49*	.25*	.54*	—							
Contingent SW/Appearance	−.36*	−.25*	.24*	.55*	.47*	—						
Contingent SW/Performance	−.42*	−.26*	.19*	.54*	.50*	.46*	—					
Social Comparison Orientation	−.35*	−.28*	.21*	.49*	.44*	.35*	.36*	—				
Public Self-Consciousness	−.36*	−.30*	.28*	.58*	.47*	.54*	.32*	.46*	—			
Self-Rumination	−.52*	−.40*	.34*	.53*	.42*	.32*	.31*	.40*	.50*	—		
Narcissism	.23*	.39*	−.08*	−.07	−.20*	.01	−.05	−.02	.01	−.20*	—	
Anger	−.31*	−.18*	.13*	.35*	.25*	.28*	.24*	.27*	.25*	.29*	.02	—
Need for Cognitive Closure	−.43*	−.34*	.18*	.38*	.33*	.26*	.23*	.32*	.34*	.45*	−.28*	.34*

Note: SC = Self-Compassion; GSE = Global Self-Esteem; SEI = Self-Esteem Instability; CSE = Contingent Self-Esteem; CSA: Contingent Self-Worth—Social Approval; CA: Contingent Self-Worth—Appearance; CP: Contingent Self-Worth—Performance; SCO = Social Comparison Orientation; PSC = Public Self-Consciousness; SR = Self-Rumination; N = Narcissism; A = Anger.
*$p \leq .001$.

Table 3
Standardized Regression Coefficients for Self-Esteem and Self-Compassion Predicting Self-Related Functioning (Controlling for Age, Sex, and Income in Step 1), With Partial Correlations Presented in Parentheses ($N = 2{,}187$)

	Step 1	Step 2			
Predictor	Self-Esteem	Self-Esteem	Self-Compassion	ΔR^2	Total Adj. R^2
Self-Esteem Instability[a]	−.21*	(−.02) −.03	(−.23) −.27*	.04*	.12*
Global Self-Esteem Contingency[a]	−.33*	(−.05) −.07	(−.34) −.39*	.08*	.24*
Self-Esteem Contingency					
Social Approval[a]	−.49*	(−.19) −.25*	(−.34 −.37*	.07*	.35*
Performance[a]	−.26*	(.05) .04	(−.35) −.45*	.10*	.18*
Physical Appearance[a]	−.23*	(.00) −.02	(−.28) −.31*	.05*	.19*
Social Comparison[a]	−.26*	(−.06) −.10*	(−.23) −.24*	.03*	.15*
Public Self-Consciousness[a]	−.28*	(−.08) −.14*	(−.23) −.21*	.02*	.18*
Self-Rumination[a]	−.36*	(−.07) −.10*	(−.37) −.41*	.08*	.31*
Narcissism[a]	.38*	(.33) .40*	(−.06) −.03	.00	.19*
Anger[a]	−.18*	(.06) .07	(−.27) −.38*	.07*	.12*
Need for Cognitive Closure[a]	−.32*	(−.08) −.09	(−.28) −.36*	.07*	.20*

Note: Numbers in parentheses are partial correlations that control for Age, Gender, Income and either Self-Esteem or Self-Compassion.
[a]Analyses indicated that partial correlations for self-esteem and self-compassion differed significantly at $p < .001$, two-tailed.
*$p < .001$.

The one exception to these patterns was narcissism. Self-esteem had a significant positive association with narcissism, and no additional variance in narcissism was attributable to self-compassion. In fact, the association between self-compassion and narcissism was close to zero once global self-esteem levels were taken into account.

Discussion

The current study found that global self-esteem was negatively correlated with age and positively correlated with income (after

controlling for self-compassion), and self-compassion was positively correlated with age and not significantly correlated with income (after controlling for self-esteem). In the youth- and wealth-conscious culture of the West, positive self-evaluations (i.e., self-esteem) may tend to decline with advancing age and decreasing income levels. In contrast, the ability to treat oneself compassionately does not appear to depend on wealth and actually increases slightly with age, consistent with prior findings that self-compassion is associated with reflective wisdom (Neff, Rude, et al., 2007).

One important purpose of this study was to determine if self-compassion was a unique predictor of ego-focused reactivity in comparison to global self-esteem. Results indicated that self-compassion predicted significant additional variance (in the negative direction) for all outcome variables examined: self-worth instability, self-worth contingency, social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure. (The one exception to this pattern was narcissism, which was uncorrelated with self-compassion.) These results suggest that self-compassion is not redundant with self-esteem and that the self-compassion construct provides additional explanatory power when considering what constitutes a healthy attitude toward oneself.

In fact, self-compassion was a much stronger negative predictor of ego reactivity than global self-esteem. Notably, self-compassion predicted more stability in state feelings of self-worth over an 8-month period than did global self-esteem, which was *not* associated with self-esteem stability after accounting for self-compassion. Self-compassion was also negatively associated with self-worth contingency in terms of receiving social approval, having successful performances (academics or other competitions), or physical attractiveness, as well as with general self-worth contingency using the Kernis measure. Global self-esteem, on the other hand, did *not* have a significant negative association with general self-esteem contingency or with contingency in the domains of performance and appearance (after accounting for self-compassion). This suggests that the sense of self-worth associated with self-compassion is less likely to fluctuate according to external circumstances.

Results indicated that self-compassion was also a stronger negative predictor of social comparison, public self-consciousness, and self-rumination than was global self-esteem. It may be that having compassion for oneself when feelings of inadequacy arise is linked to

a sense of calm and security (Gilbert & Irons, 2005), so that fewer attentional resources are directed toward worrying about what other people think of the self, or toward obsessively fixating on whether the self is good or bad. (This would be consistent with earlier findings of a negative association between self-compassion, rumination, and anxiety; Neff, 2003a; Neff, Kirkpatrick, et al., 2007).

One of the biggest potential problems with high self-esteem is that it may manifest itself as narcissism. In line with previous research (Neff, 2003a), our data indicated that self-esteem had a substantial positive association with narcissism, whereas the association between self-compassion and narcissism was close to zero. Presumably, self-compassionate people do not need to inflate their egos given that they can embrace their weaknesses as well as strengths. Self-compassion also had a significant negative association with anger toward others and with need for cognitive closure, whereas self-esteem was not significantly associated with these variables after accounting for self-compassion. Anger often arises when people feel insulted or humiliated, and rigid adherence to set viewpoints is also a form of self-righteousness. Self-compassion appears to lessen the need to defend one's ego because it makes it easier to admit mistakes and personal shortcomings.

If self-compassion levels were not taken into account, it would have appeared that global levels of self-esteem were strongly protective against ego-focused reactivity. For the majority of outcomes, however, self-esteem offered no benefits whatsoever over and above those attributable to self-compassion.[3] Thus, the degree to which people feel kind, connected, and centered when confronting personal adequacies may be more important for a healthy sense of self than merely judging oneself positively.

3. Of course, global self-esteem and self-compassion are themselves significantly correlated. Individuals who are harshly self-critical should tend to have lower self-esteem than those who treat themselves kindly. When the shared variance between the two constructs is partialled out, however, the different foundations of these two forms of positive self-affect become visible. What is left of self-esteem after accounting for self-compassion levels is likely to be the mere positivity of self-representations, which may not help much when these self-representations are threatened. What is left of self-compassion after accounting for self-esteem, on the other hand, are the warm feelings associated with an inclusive, open-hearted acceptance of oneself without judgment or evaluation.

STUDY 2

The first study helped differentiate self-compassion and self-esteem by demonstrating that self-compassion explained unique variance (beyond that attributable to self-esteem) in healthy ego-related psychological processes. Research has also shown that self-compassion predicts unique variance in maladaptive states such as anxiety and depression (Neff, 2003a; Neff, Kirkpatrick, et al., 2007) and in terms of resilient reactions to negative situations (Leary et al., 2007). What has not yet been empirically tested, however, is whether self-compassion predicts unique variance in *positive* feeling states. Neff, Rude, et al. (2007) found that self-compassion is significantly associated with happiness, optimism, and positive affect (as measured by the PANAS; Watson, Clark & Tellegen, 1988), but they did not examine the contribution of self-esteem to outcomes. Because self-esteem tends to increase in situations of success, while self-compassion buffers negative responses to failure, self-compassion may provide no additional benefits in terms of positive emotions over and above those attributable to self-esteem. On the other hand, there may be feelings of warmth and caring associated with self-compassion that *do* make a unique contribution to positive affect.

Self-compassion might directly contribute to happiness because of the feelings of kindness, interrelatedness, and equilibrium that define the state of self-compassion (Neff, Rude, et al., 2007). It may also contribute to feeling optimism about the future, given that self-compassionate individuals are less like to ruminate about past failings or to become overwhelmed by feelings of inadequacy. There is also reason to believe that self-compassion may help generate positive emotions more generally (including the excitement-focused emotions measured by the PANAS) due to underlying neural activity associated with the state. Lutz, Greischar, Rawlings, Ricard, and Davidson (2004) have found that compassion for self and others is linked to higher levels of brain activation in the left prefrontal cortex, a region associated with joy and exuberance.

Method

Participants were 165 undergraduate students (56 men, 109 women; *M* age 19.95 years; $SD = 1.58$) who were randomly assigned to the study from an educational-psychology subject pool at a large southwestern

university. The ethnic breakdown of the sample was 56% Caucasian, 25% Asian, 14% Hispanic, and 5% Mixed Ethnicity/Other. While meeting in groups of no more than 30, participants filled out a self-report questionnaire containing all study measures.

Measures

Self-Compassion: the 26-item SCS described in Study 1 ($\alpha = .92$ in this study).

Self-Esteem: the 10-item Rosenberg self-esteem scale (RSE; Rosenberg, 1965), the most commonly used measure of global self-esteem ($\alpha = .88$).

Happiness: the four-item Subjective Happiness Scale (Lyubomirsky & Lepper, 1999). On this measure, two items ask respondents to characterize how happy they are using absolute ratings and ratings relative to peers, and two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which the statements describe them. Past research has indicated that the scale has good test–retest reliability and construct, convergent, and discriminant validity (Lyubomirsky & Lepper, 1999). The internal reliability of the scale in the current study was $\alpha = .87$.

Optimism: the six-item Life Orientation Test-Revised (LOT-R; Scheier, Carver, & Bridges, 1994). It includes items such as "I'm always optimistic about my future" and "I hardly ever expect things to go my way" (reverse coded). This measure has good internal consistency (Scheier & Carver, 1985) and test–retest reliability (Scheier & Carver, 1993). Internal reliability was $\alpha = .79$ in the current study.

Positive affect: Positive emotions were measured by the positive subscale of the PANAS (Watson et al., 1988). The 10-item subscale of this state measure of current mood includes emotions such as "excited," "interested," and "proud." The scale has been shown to be stable over an 8-week interval and has also demonstrated good reliability and validity (Watson et al., 1988). Internal reliability in the current study was $\alpha = .88$.

Results and Discussion

As expected, the correlation between self-esteem and self-compassion was significant: $r = .62$, $p < .001$. In order to determine if self-compassion offered positive emotional benefits beyond those attributable to self-esteem, we employed step-wise regression analyses. (Diagnostics indicated that multicollinearity was not a concern, with tolerance values well within acceptable limits.) In the first step we entered age, sex, and self-esteem. In the second step we

Table 4
Standardized Regression Coefficients for Self-Esteem and Self-Compassion Predicting Positive Emotional States (Controlling for Age and Sex in Step 1), With Partial Correlations Presented in Parentheses ($N = 165$)

	Step 1	Step 2					
Predictor	Self-Esteem	Self-Esteem		Self-Compassion		ΔR^2	Total Adj. R^2
Happiness	.61**	(.39)	.42**	(.29)	.29**	.05**	.43**
Optimism	.64**	(.42)	.44**	(.33)	.33**	.06**	.47**
Positive Affect	.35**	(.18)	.21*	(.18)	.22*	.02*	.14**

Note: Numbers in parentheses are partial correlations that control for Age, Gender, and Self-Esteem/Self-Compassion. Two-tailed t tests found no significant differences ($p > .05$) between self-esteem and self-compassion as predictors of outcomes.
*$p < .05$; **$p < .001$.

entered self-compassion. Partial correlations were also calculated, and two-tailed t tests were used make a direct comparison of self-esteem and self-compassion as they related to various outcomes.

Results are presented in Table 4. Hierarchical regression analyses found that the change in R^2 after adding self-compassion to regression equations was significant, indicating that self-compassion predicted additional significant variance in happiness, optimism, and positive affect after accounting for self-esteem. Moreover, analyses of the partial correlations revealed that self-esteem did *not* have a significantly stronger association with happiness, optimism, and positive affect than did self-compassion ($p > .05$ for all comparisons). Rather, self-esteem and self-compassion were statistically equivalent predictors of these emotional states.

Although self-esteem tends to be felt when things go right and self-compassion is more relevant when things go wrong, these results suggest that self-compassion is also linked to positive emotional states. The reasons why self-compassion and self-esteem are associated with positive emotions probably differ, however. High self-esteem individuals may feel happy, optimistic, and upbeat because they evaluate themselves positively, which feels good. In addition, self-report ratings of self-esteem may be affected by overall well-being because people often use the heuristic "I feel good so

I must feel good about myself'' (Brandt & Vonk, 2006). Individuals with high levels of self-compassion may be more likely to experience positive feelings because they accept themselves the way they are, meaning there is less friction with the failure and rejection that are an inevitable part of real life. Self-compassion also allows one to feel connected with others—and relatedness is a positive emotion that powerfully contributes to well-being (e.g., Reis, Sheldon, Gable, Roscoe, & Ryan, 2000). Because the positive feelings of self-compassion do not hinge on positive judgments of the self, moreover, they are likely to be felt more consistently than the ''high'' derived from self-esteem (similar to findings indicating that self-compassion is linked to a more stable sense of self-worth than is global self-esteem).

GENERAL DISCUSSION

There were several limitations of these studies that need to be mentioned. One issue was that the participants in Study 2 were college students, so results of that study may not easily generalize to other populations. Although the participants of Study 1 were more diverse, the types of people who choose to voluntarily sign up for a psychologically oriented study may also be somewhat atypical of the general population. Another potential limitation of the data presented in these two studies was that hierarchical regressions were used to compare the unique variance in outcomes associated with self-compassion versus global self-esteem. Although this is standard practice in the field, some have argued that there are problems with this approach (Trafimow, 2004). Finally, the data presented here relied on correlational analyses of self-report data, which does not provide information about causality. For instance, although the results of Study 1 demonstrated a negative association between self-compassion and ego-focused reactivity, it is unclear whether self-compassion is the cause or effect of lessened reactivity. Future research on self-compassion should use other methodologies to help address this question, such as experimental studies in which self-compassion is experimentally induced. (Leary et al., 2007, successfully employed this type of design. After asking participants to remember a past life event that made them feel badly about themselves, participants who were put in an experimentally induced

self-compassionate mood took greater personal responsibility for the event and reported fewer negative emotions than those receiving an experimentally induced boost in self-esteem or controls.)

Overall, the results of these two studies suggest that self-compassion is linked to many of the benefits typically attributed to high self-esteem in terms of positive emotions, while also providing stronger protection against the ego-defensive drawbacks sometimes associated with the pursuit and maintenance of high self-esteem. When compared to global self-esteem, self-compassion was associated with more stable feelings of self-worth that were less contingent on particular outcomes. It also had a stronger negative association with social comparison, self-evaluative anxiety, anger, and closed-mindedness. Self-compassion showed no association with narcissism, however, after accounting for the influence of self-esteem. Thus, self-compassion may be a useful alternative to the more ubiquitous construct of global self-esteem, offering an important source of positive self-regard that is relatively stable while being less ego reactive and inflated. In fact, self-compassion may be a good approximation of the "optimal" or "true" self-esteem extolled by theorists such as Kernis (2003) or Deci and Ryan (1995).

Many theorists assume that positive self-evaluations are essential to psychological health. For instance, proponents of terror management theory (Pyszczynski, Greenberg, & Goldenberg, 2003) argue that high self-esteem provides a sense of meaning, symbolic immortality, and security that buffers existential anxiety and allows for personal growth and expansion. At the same time, they acknowledge that the desire for self-esteem can create a type of ego defensiveness and rigid clinging to worldviews that inhibits growth. In this way, humans are said to be "caught between a rock and hard place" (p. 328). Self-compassion offers a sense of meaning that does not require puffing the self up or putting others down. Meaning is created by the compassion given to all beings, the self included, and the recognition that we are all part of an interdependent web of interactive causes and conditions. Ironically, it is by softening rather than reifying the boundaries of self that a sense of meaning may be obtained most effectively.

Western conceptions of psychological health are often predicated on the belief that the self is separate, independent, and unique, and there is increasing criticism of the field for being too individualistic—for overemphasizing the need for autonomy and personal identity while not paying enough attention to equally important needs

for relationship, community, and responsibility (e.g., Fancher, 1995; Richardson, Fowers, & Guignon, 1999). The data presented in these studies suggest that attention should be paid to more connected ways of thinking about oneself. Rather than focusing on one's separate, unique identity (and evaluating the worth of that identity), mental peace and well-being may be fostered more effectively by understanding and honoring the nature that we share with all other humans, flawed and imperfect as it is.

Another benefit of self-compassion is that it does not require clinging to an unrealistically positive view of oneself, a task that often conflicts with self-verification needs (Swann, Rentfrow, & Guinn, 2003). Thus, it should theoretically be easier to raise self-compassion than self-esteem (especially given that programs offered by agencies such as the California Task Force to Promote Self-Esteem have been notoriously unsuccessful; Baumeister et al., 2003). One common method of enhancing self-compassion is by teaching mindfulness—a nonjudgmental, accepting mind state in which one's thoughts and feelings are observed as they are in the present moment (Martin, 1997). Jon Kabat-Zinn's (1982, 1990) Mindfulness-Based Stress Reduction (MBSR) program is probably the most prevalent and well researched and is now widely available in various health care and mental health settings. The 6-week MBSR program typically includes a component that explicitly focuses on developing compassion for self and others, and studies have found that participation in an MBSR course significantly increases self-compassion (Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007). Mindfulness-based therapeutic techniques are also potentially relevant to the enhancement of self-compassion (e.g., Linehan, 1993; Segal, Williams, & Teasdale, 2002), as they typically focus on accepting the self and one's emotions with a nonjudgmental and caring attitude. Gilbert and colleagues have developed a therapeutic approach that specifically targets self-compassion called Compassionate Mind Training (CMT; Gilbert & Irons, 2005; Gilbert & Proctor, 2006). The approach helps clients develop the ability to soothe, reassure, and feel warmth for their difficulties and imperfections.

Further research will be needed to determine if self-compassionate skills can be taught in nonclinical settings, such as schools or the workplace. Interventions designed to increase self-compassion among adolescents may be especially relevant, given that the adolescent task of identity formation is often fraught with feelings

of isolation, social competitiveness, and self-evaluative anxiety (Neff & McGehee, 2008). Of course, the pressure to outshine others continues after adolescence, and self-compassion appears to provide benefits throughout the life span. Self-compassion also appears to be adaptive across cultures. The current studies included participants from The Netherlands as well as the United States, and self-compassion has been associated with mental health in two Asian cultures, Thailand and Taiwan (Neff et al., in press).

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